



JANET NAPOLITANO  
GOVERNOR

STATE OF ARIZONA  
GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES

IRENE S. JACOBS  
EXECUTIVE DIRECTOR &  
SENIOR POLICY ADVISOR

## Solicitation Amendment #1

Solicitation Name: Strategic Prevention Framework State Incentive Grant  
Solicitation No.: SP-DSG-07-7181-00  
Solicitation Due: **June 21, 2006 at 3:00 P.M. MST**

Application Opening: Governor's Office for Children, Youth and Families  
State Capitol Building, Executive Tower  
1700 W. Washington, Suite 101  
Phoenix, AZ 85007

Contact Person: Jeanne Weeks  
Email: [jweeks@az.gov](mailto:jweeks@az.gov)

**A SIGNED COPY OF THIS AMENDMENT SHALL BE RECEIVED AT THE ABOVE AGENCY LOCATION (PREFERRABLY WITH THE SOLICITATION RESPONSE) PRIOR TO THE DUE DATE AND TIME. IT IS NECESSARY TO RETURN THIS FORM ONLY IF YOU ARE RESPONDING TO THE SOLICITATION. THIS SOLICITATION IS AMENDED AS FOLLOWS:**

1. **Page 12:** Attend, **as required**, one of the Pre-Application Conference – **replace last bullet point with the following:**
  - o **May 26, 2006** at 10:00am at the Coconino County Administrative Building, 1<sup>st</sup> floor Board of Supervisors Conference Room, 219 E. Cherry, Flagstaff, AZ 86001.

2. **Page 14:** **How Will the Applications be Evaluated**, 2<sup>nd</sup> paragraph – replace with the following:

*The funding will be awarded in two phases. Phase I will comprise the first three steps of the SPF, and the funding process for this phase will be open-competitive. Communities that have been identified through our hybrid state-planning model as either a "Highest Need" community or a "Highest Contributor" community in one or both of the problem areas in the Statewide Epidemiological Profile ([http://azgovernor.gov/cyf/grant\\_reg\\_info/grant\\_reg.html](http://azgovernor.gov/cyf/grant_reg_info/grant_reg.html)) will be given priority during the application process. Applications will be scored on a 1,000 point scale with priority communities eligible to received an additional 100 points.*

3. **Page 17:** **Technical Requirements**, #6 and #9– replace with the following:

6. A signed Offer and Acceptance form (SPO Form 203) must be submitted (page 36).
9. The organization name and Request for Grant Application number **#SP-DSG-07-7181-00** must be **CLEARLY** marked on the outside of the sealed envelope/package.

4. **Page 20 – Strategic Plan Process (15%) (maximum three pages) - add the following sentence to beginning of 1<sup>st</sup> paragraph:**

*For the purpose of this application please respond ONLY to the questions listed on the second half of this page (bottom set of bullets). **Applicants should not submit a strategic plan with their application.***

5. **Page 21 – Evaluation, letter B. Proposed Evaluation, #1 – replace with the following:**

1. *The individual or position (include either resume or job description) who will serve as an evaluation coordinator or liaison, and will be the point of contact for the State and National Evaluators.*

6. Page 24: #10 – replace with following:

10. Subgrantees will be required to attend the following mandatory meetings:

- A. **Regional subgrantee orientation.** These orientations will be held from **September 11 –15, 2006**. Time and location will be detailed in award letters.
- B. **Annual subgrantee meeting.** This meeting will be in Maricopa County with a date, time and location to be determined later.
- C. **Regional Training and technical assistance meetings.** There will be four (4) to five (5) meetings held throughout the year with times, dates, and locations to be determined later.

7. Page 24: #12 Evaluation – replace last sentence with the following:

*This will include at a minimum the information required in the evaluation section of the application described above as well as the SAMHSA National Outcome Measures attached in Exhibit H.*

8. Page 25: #5 Financial Audit - replace bold print at the end of the paragraph with the following:

***If you have expended more than \$500,000.00 in federal dollars, one copy of your audit report for the previous fiscal year must be submitted with your application.***

9. Page 26: #11. Capital Expenditures – replace with the following:

Capital Expenditures: defined as items over \$5,000 with a life of more than one (1) year shall not be allowed.

10. Page 31: H. EXCEPTIONS: - replace the last sentence of the second paragraph with the following:

*See Exhibit G for a sample Certificate of Insurance.*

11. Page 34: Checklist – bullets 12, 13, and 17 – replace with the following:

- Bullet 12 – Certificate of Insurance, Exhibit G – sample only – attachment not required for application*
- Bullet 13 – National Outcome Measures chosen to be included in the Evaluation of the program, Exhibit H – reference only – attachment no required for application*
- Bullet 17 - When submitting your application, insure your organization name and the Request for Grant Application Number **SP-DSG-07-7181-00** is **CLEARLY** marked on the outside of the sealed envelope/package.*

**ALL OTHER PROVISIONS OF THE SOLICITATION SHALL  
REMAIN IN THEIR ENTIRETY.**

VENDOR HEREBY ACKNOWLEDGES  
RECEIPT AND UNDERSTANDING OF THE  
ABOVE AMENDMENT.

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Typed Name & Title

THE ABOVE REFERENCED SOLICITATION  
AMENDMENT IS  
ISSUED THIS DATE  
May 30, 2006

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Jeanne Weeks  
Procurement Specialist